



## SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH  
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### APPROVAL OF CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS

The South Dakota Board of Nursing is the Agency designated by the South Dakota Department of Health to review and approve all Nurse Aide Training Programs in South Dakota pursuant to [ARSD 44:04:18:07](#), whether the program is offered by a licensed nursing home or by a non-nursing home entity.

- **APPROVAL AND REAPPROVAL OF NURSE AIDE TRAINING PROGRAMS.** The Board must approve nurse aide training programs. To obtain approval, the entity providing the nurse aide training program must submit to the Board an application on a [form](#) provided by the Board that contains information demonstrating compliance with requirements. The Board shall respond within 90 days after receipt of the application. The Board may grant approval for a maximum of two years. At the end of the approval period, the entity must apply for reapproval. As part of the reapproval process, the department shall conduct an unannounced on-site visit to determine compliance with requirements.
- **NOTICE OF CHANGE IN APPROVED TRAINING PROGRAM.** The Program Coordinator of the entity offering an approved nurse aide training program must submit to the Board, within 30 days after the change, any substantive changes made to the program during the two-year approval period. The Board shall notify the entity of its approval within 90 days after receipt of the information.
- **DENIAL OR WITHDRAWAL OF APPROVAL OF TRAINING PROGRAM.** Approval of a nurse aide training program may be denied or withdrawn if one of the following conditions applies to the nursing facility within the 24 months preceding the current survey:
  1. The facility has been found to be out of compliance with the provision of care requirements in chapter [ARSD 44:04:04](#) or the nursing service requirements in [ARSD 44:04:06](#).
  2. The facility has been issued a probationary license
  3. The facility refuses to permit an unannounced visit by the department
  4. The facility fails to maintain a 75 percent pass rate on the competency evaluation for the two-year approval period
  5. There is evidence that the facility has charged the nurse aide a fee for a portion of the training or competency evaluation.

The entity shall be notified in writing of the reason for withdrawal or denial of approval. Nurse aides currently enrolled in a program whose approval is withdrawn may complete the program with that entity.

- **NURSE AIDE TRAINING COURSES CURRENTLY APPROVED BY THE STATE OF SOUTH DAKOTA INCLUDE:**
  1. [American Health Care Association – How to be a Nurse Assistant](#); 3<sup>rd</sup> Edition. This includes the Pro-Care IVD System and the Instructor implemented course.
  2. [American Red Cross](#)
  3. First Step
  4. [Avera Education and Staffing Solutions](#) – 40 classroom hours only – Yankton
  5. Long Term Care Network – Fundamentals of Care
  6. [Med Com](#) / The New Nursing Assistant – 7<sup>th</sup> Edition

If utilizing one of these curricula, indicate this on the approval application as “Name of Course.”

- **EQUIVALENCY OF EDUCATION:** [ARSD 44:04:18:16](#) AN INDIVIDUAL MAY MEET THE 75-HOUR TRAINING requirement by equivalency of education. A nursing facility shall make a request to the department in writing for an equivalency determination, including proof of training with the request.

## PROGRAM REQUIREMENTS

- A. [PROGRAM COORDINATOR AND INSTRUCTOR QUALIFICATIONS](#)
- B. [CURRICULUM](#)
- C. [STUDENT : INSTRUCTOR RATIO / SUPERVISION OF TRAINEES](#)
- D. [ENVIRONMENT FOR LEARNING / TEACHING METHODS & MATERIALS](#)
- E. [EVALUATION OF STUDENT OUTCOMES](#)

### A. PROGRAM COORDINATOR AND INSTRUCTOR QUALIFICATIONS

#### Program Coordinator: Qualifications

1. The Program Coordinator of a nurse aide training program must be a registered nurse.
2. The Program Coordinator is responsible for the general supervision of the program, which means providing guidance for the program and maintaining ultimate responsibility for the course.
3. The Program Coordinator must have a minimum of two years of nursing experience, at least one year of which is in the provision of long-term care services. The director of nursing of a facility may serve simultaneously as Program Coordinator but may not perform training while serving as director of nursing.

Primary Instructor: Qualifications. The Primary Instructor of a nurse aide training program must be a licensed nurse. The Primary Instructor is the actual teacher of course material, and must have a minimum of two years of nursing experience, at least one year of which is in the provision of long-term care services. The Primary Instructor must have completed a course of instruction in teaching adults or must have experience in teaching adults within the past five years.

Supplemental Personnel: Qualifications. Supplemental / Support Personnel may assist with the instruction of nurse aides. One year of experience in the individual's respective field of practice is required; the individual must be licensed, registered, or certified in their field.

### B. CURRICULUM

Curriculum is based on a philosophy of:

1. Promoting the healthy functioning of residents both physically and emotionally, and on the restoration and maintenance of the resident as independent as possible;
2. Recognizing the individualities of each resident reflecting growth and development, and beliefs and values; and
3. Respect of residents' rights.

Objectives:

1. are behaviorally stated for each unit of the curriculum;
2. are based on the curriculum objectives;
3. are adapted to the facility's specific population; and
4. ensure that residents are provided quality care through the nurse aide's ability to:
  - a. form a therapeutic interpersonal relationship
  - b. demonstrate sensitivity to residents' emotional, social, and mental health needs
  - c. assist residents in attaining and maintaining independence
  - d. support and promote residents' rights
  - e. demonstrate skills necessary for promoting the independence and functioning of residents.

Content Outline covers the areas of:

1. Role responsibilities including ethical/legal concepts, health care team roles, and communication
2. Therapeutic communication
3. Providing for environmental and personal safety
4. Personal care needs
5. Mobility needs: Promote the highest level of self-care related to mobility including:
  - a. positioning
  - b. transferring
  - c. ambulating
  - d. exercises (passive and active ROM)
  - e. use of assistive devices/adaptations
6. Nutrition and hydration needs
7. Elimination needs: Promote the highest level of self-care related to elimination of body wastes, including:
  - a. toileting
  - b. use of assistive devices
  - c. bowel and/or bladder retraining
  - d. follow proper procedures with therapeutic aids
8. Mental Health needs: Promote optimal level of mental health to facilitate the resident's well-being and adaptation to the environment, including:
  - a. recognize development tasks associated with the aging process
  - b. orient resident and resident's family to the facility
  - c. communicate with the resident in a manner that conveys respect, patience, understanding, and empathy
  - d. identify psychosocial characteristics of residents with cognitive and/or mental disorders
  - e. recognize behavior patterns that interfere with mental and social functions and respond in a therapeutic, non-judgmental manner
9. Social Health needs: Promote optimal level of social health to facilitate the resident's well-being and adaptation to the environment, including:
  - a. interact with resident's family and significant other(s) as a source of emotional support
  - b. assist in the enhancement of resident's cognitive functioning
  - c. assist the resident who chooses to participate in group activities
10. Sexual Expression
  - a. recognize the resident's need for sexual expression
  - b. assist the resident to maintain sexual identity
11. Comfort, rest, and sleep needs: Promote optimal level of comfort, rest, and sleep, including:
  - a. recognize signs and symptoms of discomfort and report to appropriate person
  - b. adapt the physical environment in response to resident's individual comfort needs
  - c. utilize measures that relieve discomfort
  - d. accommodate individual patterns of rest and sleep
  - e. adapt the physical environment in response to resident's individual rest and sleep needs
  - f. utilize measures that promote rest and sleep

12. Sensory needs: Promote optimal level of sensory stimulation, including:
  - Vision / Hearing:
    - a. recognize resident's individual need for sensory stimulation
    - b. utilize available resources to meet visual and/or auditory stimulation needs
    - c. maintaining and utilize assistive devices for visual and hearing impairment
    - d. communicate effectively with sensory impaired residents
  - Touch
    - a. recognize resident's individual need for touch
    - b. utilize therapeutic use of touch
13. Skin integrity maintenance: Promote optimal level of skin integrity, including:
  - a. preventive measures: recognize aging skin changes and modify care related to: cleanliness, lubrication, pressure, and physical contact
  - b. restorative measures: utilize measures that promote the healing of a skin injury
14. Monitoring body function: Skills training ensures the minimum competencies are demonstrated in:
  - a. recognize and report abnormal changes in body functioning
  - b. measure and record vital signs
  - c. measure and record height and weight
  - d. measure and record intake and output
  - e. observe and record bowel movement
  - f. collect urine and stool specimens
  - g. test urine specimens for sugar and acetone
15. Role in assisting the nurse with special procedures
  - a. assist with positioning for examinations and procedures
  - b. provide resident support during examinations and procedures
  - c. assist with postmortem care, respecting the dignity of the resident
  - d. assist with admission and discharge procedures
16. Promotion of coping with loss: Promote the optimal level of well-being when coping with loss:
  - a. recognize potential for loss among residents
  - b. describe responses to loss
  - c. allow residents to express grief related to experiences such as institutionalization, loss of significant other(s), and loss of body part(s)
  - d. utilize therapeutic communication with resident who is experiencing loss
  - e. describe responses to death and dying
  - f. provide physical and emotional support to the dying resident and resident's family

NURSE AIDE CURRICULUM. The nurse aide training program must address the medical, psychosocial, physical, and environmental needs of the patients or residents served by the facility. Each unit of instruction must include behaviorally stated objectives with measurable performance criteria. The program must consist of at least 75 hours of classroom and clinical instruction, including:

1. Sixteen hours of training in these areas before the nurse aide has any direct contact with a patient or resident:
  - a. Communication and interpersonal skills
  - b. Infection control
  - c. Safety/Emergency procedures, including
    - i. Heimlich Maneuver
    - ii. responding proficiently to emergency needs related to choking, convulsions, and falls
  - d. Promoting patients' and residents' independence
  - e. Respecting patients' and residents' rights;

2. Sixteen hours of supervised practical training, with enough instructors to ensure that nursing care is provided with effective assistance and supervision. The ratio may not be less than one instructor for each eight students in the clinical setting.
3. Instruction in each of these content areas:
  - a. Basic nursing skills:
    - i. Taking and recording vital signs
    - ii. Measuring and recording height and weight
    - iii. Caring for the patients' or residents' environment
    - iv. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor
    - v. Caring for patients or residents when death is imminent
  - b. Promoting the highest level of self-care related to personal care, including:
    - i. Cleanliness: bathing, hair and nail care
    - ii. Dressing and grooming, including mouth care
    - iii. Use of assistive devices/adaptations
    - iv. Toileting
    - v. Assisting with nutrition and hydration, including eating and assistive devices
    - vi. Feeding techniques
    - vii. Skin care
    - viii. Transfers, positioning, and turning
  - c. Mental health and social services:
    - i. Modifying aides' behavior in response to patients' or residents' behavior
    - ii. Awareness of developmental tasks associated with the aging process
    - iii. How to respond to patients' or residents' behavior
    - iv. Allowing the patient or resident to make personal choices, providing and reinforcing other behavior consistent with the patient's or resident's dignity
    - v. Using the patient's or resident's family as a source of emotional support
  - d. Care of cognitively impaired patients or residents, including:
    - i. Techniques for addressing the unique needs and behaviors of individuals with dementia
    - ii. Communicating with cognitively impaired patients or residents
    - iii. Understanding the behavior of cognitively impaired patients or residents
    - iv. Appropriate responses to the behavior of cognitively impaired patients or residents
    - v. Methods of reducing the effects of cognitive impairments
  - e. Basic restorative nursing services, including:
    - i. Training the patient or resident in self-care according to the patient's or resident's abilities
    - ii. Use of assistive devices in transferring, ambulation, eating, and dressing
    - iii. Maintenance of range of motion
    - iv. Proper turning and positioning in bed and chair
    - v. Bowel and bladder control care training
    - vi. Care and use of prosthetic and orthotic devices
  - f. Residents' rights, including:
    - i. Providing privacy and maintaining confidentiality
    - ii. Promoting patients'/residents' rights to make personal choices to accommodate their needs
    - iii. Giving assistance in reporting grievances and disputes
    - iv. Providing needed assistance in getting to and participating in resident and family groups and other activities
    - v. Maintaining care and security of patients' or residents' personal possessions
    - vi. Promoting the patient's or resident's right to be free from abuse, mistreatment, and neglect, and understanding the need to report any instance of such treatment to appropriate staff
    - vii. Avoiding the need for restraints

#### C. STUDENT : INSTRUCTOR RATIO / SUPERVISION OF TRAINEES

Supervision of students. Students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the instructor. Students in a training program may perform services only under the supervision of a licensed nurse.

1. Student/Instructor ratio in classroom is appropriate for teaching methods
2. Number of instructors in skills training adequate to ensure that each trainee is provided individual assistance and supervision (maximum ratio of 8 : 1).
3. An approved program must insure that students do not perform any services for which they have not been trained and found proficient by the instructor.
4. Students who are providing services to residents are under the general supervision of a licensed practical nurse or registered nurse. Experienced nurse aides are not qualified to supervise students.

#### D. ENVIRONMENT FOR LEARNING / TEACHING METHODS & MATERIALS

Physical facilities. Classrooms, conference rooms, laboratories, and equipment must be available in the number and size to accommodate the number of nurse aides enrolled in the training program. Programs must provide temperature control, lighting, and clean, safe conditions for instruction.

1. Description of environment of classroom includes adequate space for number of anticipated learners
2. Description of environment for skills training includes adequate space and equipment
3. Teaching methods and materials are appropriate for the adult learner
4. Various forms of teaching methods and materials are utilized, including:
  - a. lecture
  - b. discussion
  - c. demonstration
  - d. return performance
  - e. role playing
  - f. other: (describe)
5. Materials/media include:
  - a. films
  - b. video
  - c. computer program
  - d. required readings
  - e. equipment for simulation and practice

## E. EVALUATION OF STUDENT OUTCOMES

Nurse aide competency evaluation program standards. Course objectives serve as the basis for evaluation.

Evaluation of student progress is provided throughout the program. Evaluation methods described include:

1. written and/or oral examinations at appropriate level and covering essential content
2. checklist for skills performance
3. other: (describe)

Sample evaluation instruments included meet requirements above.

A nurse aide competency evaluation program must meet the following standards:

1. The nurse aide must be informed by the facility that a record of successful completion of the evaluation will be included in the registry
2. The evaluation must consist of two elements:
  - a. The competency evaluation component may be offered as a written or oral examination, and:
    - i. include each curriculum requirement specified in [ARSD 44:04:18:15](#)
    - ii. be developed from a pool of test questions, with no more than 20 percent of prior questions used on a succeeding examination
    - iii. use a system that prevents disclosure of the content of the examination
    - iv. if oral, be read from a prepared text in a neutral manner
  - b. The skills demonstration component must consist of a minimum of five tasks randomly selected from a pool of tasks generally performed by nurse aides. The pool of skills must include all of the personal care skills listed in § [ARSD 44:04:18:15](#) (3)(b), and skills demonstration tasks must be performed on a live person.

Administration of competency evaluation program standards. The competency evaluation may be administered by a nursing facility. The entity that administers competency evaluations must meet the requirements of this section and must have the approval of the department.

1. The written or oral examination must be administered by an individual with previous group testing experience
2. The skills demonstration must be administered by a registered nurse who has at least one year's experience in providing care for the elderly or the chronically ill and who has taken a skills demonstration rater training course
3. The skills demonstration must be conducted in a nursing facility or laboratory setting comparable to the setting in which the nurse aide functions and must accommodate the number of nurse aides enrolled in the competency evaluation program

Proctoring of nursing facility examination. The written, oral, or skills demonstration examination may be conducted in a nursing facility and proctored by facility personnel if the facility obtains department approval before giving the examinations. The nursing facility must ensure that the examination is secure from tampering. Department approval may be withdrawn if there is evidence of tampering. Scoring of the examination must be done by the professional testing company under contract with the department to administer the examination.

Notification to individual regarding successful or unsuccessful completion of the competency evaluation program. The facility offering the examination must advise in advance any individual who takes a competency evaluation that a record of the successful completion of the evaluation will be included in the registry. To be listed in the registry, a nurse aide must pass the written or oral portion and the skills demonstration portion of the competency evaluation with a score of at least 75 percent. If the nurse aide does not achieve a score of 75 percent, the facility must advise the nurse aide of the areas failed. The nurse aide may have two additional opportunities to complete evaluation successfully.